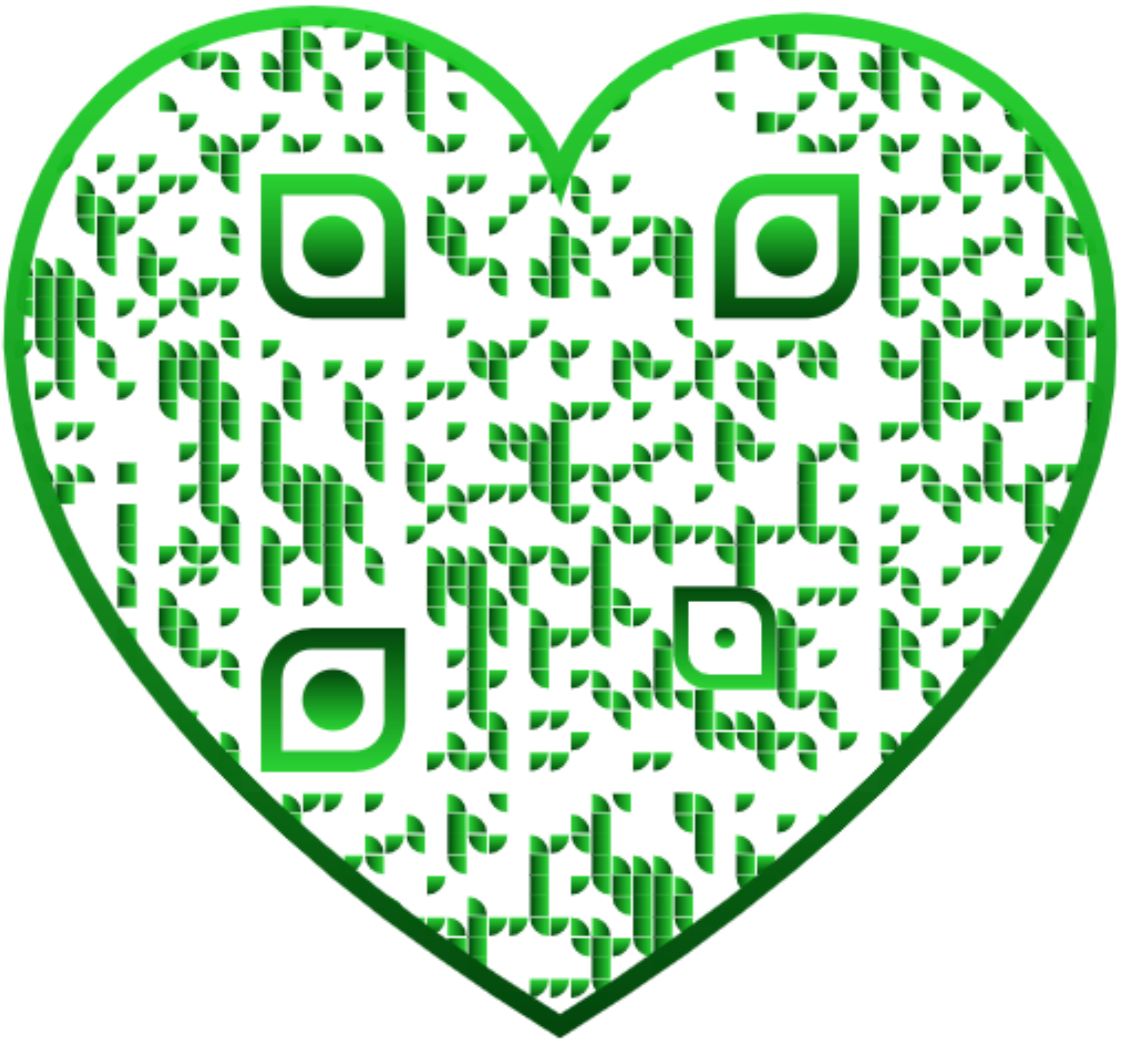
Sana'a University.
Faculty Of Medicine & Health Sciences.
Life Pulsation Batch (32).

Practical Dermatology & Andrology Exam



جامعة صنعاء

دفعة نبض الحياة

الدفعة 32 طب بشري

Practical Dermatology & Andrology Exam

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1. Enumerate primary and secondary skin lesion with definitions ?

Primary lesions

- Macule : A circumscribed alteration in the color or texture of the skin less than 1 cm in diameter.

- Patch : A macule larger than 1 cm in diameter.

- Papule :A circumscribed palpable elevation of skin less than 0.5 cm in diameter.

- Nodule : A solid mass in the skin similar to the papule but more than 0.5 cm in diameter.

- Plaque : An elevated area of skin 2 cm or more in diameter.

- Vesicle (blister) : A fluid filled lesion less than 0.5 cm in diameter.

- Bulla : A fluid filled lesions larger than 0.5 cm in diameter.

- Pustule: A small elevation of skin similar to the vesicle but containing purulent material.

- Wheal (Weal) : An Evanescent , edematous , elevations of skin of various sizes. It is the characteristic lesion of urticaria.

- Comedone : a plug in sebaceous follicle containing altered sebum, bacteria and cellular debris; can present as either open (blackheads) or closed (white heads).

- Burrow : A small tunnel in the skin , linear , "S" shaped , 3 - 5 mm in length and found in patient withe scabies.

Secondary lesions

- Scale : Dry or greasy laminated masses of keratin , may be primary in some diseases as psoriasis or secondary as desquamation in scarlet fever.

- Crusts : Consists of dried serum and other exudates.

- Erosion : A loss of epidermis which heals without scarring.

- Ulcer : Complete loss of epidermis and dermis which heals with scarring.

- Fissure : A linear gap or slit in skin surface.

- Scar : A new fibrous tissue which occurs post wound healing . it is may be atrophy (thinning) or hypertrophy (hyperproliferation within wound boundary.

- Keloid : hyperproliferation beyond wound boundary .

- Excoriations (scratch marks) : loss of skin substance caused by scratching withe the fingernail to relieve itching.

- Lichenification : A pattern of cutaneous response to repeated rubbing or scratching and characterized clinically by thickened skin, with accentuation of the surface markings.

- Atrophy : thinning of the epidermis , dermis or both.

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2. What are different between vesicle and pustule ?

- **Vesicle (blister)** : A fluid filled lesion less than 0.5 cm in diameter.

- **Pustule** : similar to vesicle but containing purulent material.

3. When are wheal seen ?

- It is the characteristic lesion of urticaria.

4. What is the difference between Furnculosis (boils) & Carbuncle?

- **Furunculosis** : an inflammation of only one hair follicle which produce abscess that generally ends in central suppuration .

- **Carbuncle** : is merely two or more confluent furuncles with separate Heads .

5. Polymorphic skin lesions ?

A- Monomorphic :

- Wheal → Urticaria.
- Depigmented Macules → Vitiligo.
- Scaly hypo or hyper pigmented Macules → Pityriasis Versicolor.

B- Polymorphic :

- Comedone and/or Papules and/or Pustules → Acne Vulgaris.
- Vesicles + Papules + Urticarial lesions → Erythema Multi form.
- Macules and Vesicles and Papules + Pustules → Chickenpox.

6. Definition and site of Koebner's phenomenon ?

Formation of new lesions as linear eruption arising at site of trauma.

Site in face and back of hands….

And seen in (ps , LP , vitiligo , plant wart , molluscum contagiosum).

7. Indication of intra lesion of corticosteroid administration ?

- Keloids
- Alopecia areata
- Hypertrophic lichen planus
- Hypertrophic scar
- DLE
- Nodular scabies
- Small localized psoriasis
- Cystic lesion of acne vulgaris

8. What are side effects of Corticosteroids ?

A- Side Effects Of Topical Corticosteroids :

- Skin atrophy
- hypertrichosis
- Secondary infection
- Telanjiectasia
- Purpura
- Systematic absorption Cushing's syndrome.

Incognito (tinea _ scabies) steroid (acne - rosacea)

B- Side Effects Of Systemic Corticosteroids :

- HTN
- Peptic ulcer
- DM - depression
- Psychosis
- Osteoporosis
- Pathological features
- Increasing susceptibility to infection
- Cataract
- Skin thinning easy bruisin.

9. Investigation should be done before giving Isotretinoin ?

- Liver Function tests.
- Lipid Profile.
- Pregnancy Test .

10. What are the side effects of Isotretinoin ?

- Tetratogenicity
- Hepatotoxicity
- Cheilitis
- Skin atrophy
- Hyperlipidemia
- Xerosis of skin
- Alopecia

11. What is the meaning of Parakeratosis ?

Parakeratosis is Retention of nuclei in the horny cells , Present in psoriasis.

12. Deferential diagnosis of scaling scalp ?

- Tenia capitis (Scaly ringworm).

- Psoriasis of scalp .

- Seborrhoeic Dermatitis.

- Pityriasis rubra pilaris.

13. Differential diagnosis of crust ?

- Impetigo

- Leishmania

- Ecthyma

- Tenia Capitis (Kerion Type).

14. Differential diagnosis of lesion that causes scales ?

- Psoriasis

- Pityriasis versicolor

- Seborrhoeic dermatitis.

- Tenia Corporus Rosea.

- Pityriasis Rosea.

- Desquamation of scarlet fever.

15. Differential diagnosis of itching ?

Allergenic skin disease (eczema , Dermatitis , urticaria)

16. Enumerate staphylococcus and streptococcus skin disease ?

Staphylococcus infections:	**Streptococcus infections:**
1- Impetigo.	**1- Impetigo.**
2- Ecthyma.	**2- Ecthyma.**
3- MFolliculitis.	**3- Erysipelas.**
4- Furunculosis.	**4- Cellulitis.**
5- Carbuncl.	

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17. What the different between Erysipelas and cellulites?

- Cellulitis is an infection of the subcutaneous tissue not well defined and haven't scar. Cellulitis may extend superficially.

- Erysipelas is more superficial as it involves the derms and upper subcutaneous tissue and it is well defined and may be have scare. Erysipelas may extend deeply.

18. Causes of Erythrasma (Causative organism) ?

- Caused by the diphteroid Corynebacterium minutissimum.

19. What is the difference between Impetigo and Ecthyma ?

- **Impetigo** : It is contagious superficial pyogenic infection of the skin which involved a part of epidermis only. characterized by Vesicles which rupture to form crusts with erythematosu base Healing without Scarring.

- **Ecthyma** : It is pyogenic infection of the skin which involved of epidermis and upper dermis. characterized by of Vesicles and Bulla or Pustules which rupture to form adherent crusts beneath which ulceration occurs and Healing With Scarring .

20. What are the complications of Impetigo ?

- Post Streptococcal glomerulonephritis .

- Spread of infection to himself or to other people

21. What is the definition of intertrigo and it's causes ?

- **Definition** : Is an inflammation of the flexural skin.

- **Causes** :

Infective cause:-

1- Bacterial Streptococcal.

2- Fungal.

- Candida - Tenia Cruris .

3- Erythrasma.

Non-Infective cause:-

1- Simple (friction).

2- Seborrhoeic dermatitis.

3- Psoriasis.

22. What are types of tinea according sites ?

- Tinea Capitis (affection of scalp)
- Tinea Corporis or Tinea Cirecinata (affection of glabrous skin)
- Tinea Barbae (affection of Beard)
- Tinea Cruris (affection of genitocrural area)
- Tinea Pedis (athlete's foot)
- Onychomycosis (fungal infection of the Nails).

23. Diagnosis and Management of Tenia Capitis ?

Diagnosis

- **Clinical picture.**
- **Wood's light.**

Wood lamp examination of a gray-patch area on the scalp. In Microsporum canis infection, scalp hairs emit a diagnostic brilliant green fluorescence. Trichophyton tonsurans does not fluoresce with Wood lamp.

- **Direct microscopic examination** of the infected hair and scales using 10-20% potassium hydroxide (KOH) to demonstrate the fungal spores.
- **Culture** on Sabouraud's medium.

Treatment

A- Topical treatment

- Topical therapy has little place in the management of tinea capitis except as an adjunct to oral therapy. The main topical preparations are:
- Whitfield's ointment.
- Imidazoles, e.g. clotrimazole, econazole, ketoconazole.
- Allylamines, e.g. terbinafine.

B- Systemic treatment

- Griseofulvin, 10 mg/kg/day for at least 6 weeks and 8 weeks in favus.
- Itraconazole, fluconazole and terbinafine are used only in selected cases.

24. Diagnosis of tinea clinical and and Lab ?

- Clinical picture.

- Wood's light.

- Direct microscopic examination of the infected hair and scales using 10 - 20 % KOH demonstrate the fungal spores.

- Culture on Sabouraud's medium.

25. Type of Tinea Capitis ?

- Scaly type

- Black dot type

- Kerion

- Favus

26. What is the culture media of fungus ?

Sabouraud's medium.

27. What are types of warts ?

- Verroca vulgaris (common warts)

- Plane warts (flat warts)

- Filiform warts

- Digitiform warts

- Planter warts

- Anogenital warts (condylomata acuminata)

28. Treatment of warts?

- Chemical treatment:

Salicylic acid 15 - 20 %

Podophyllin 10 - 25 % for C.acuminata .

Formalin 2.3 % for planter warts.

- Electrocautery.

- Cryotherapy

- Laser therapy

29. What are differences between Condylomata lata and Condylomata acuminate ?

Condylomata lata :	Condylomata acuminata :
caused by Treponema pallidum , Hard not easily bleeds , flat topped surface. Positive test of S . Treated by penicillin.	Caused by H.P.V , soft , easily bleeds , iregular surface precancerous in warts. Treated by Topical podophilin 20 - 25 %.

30. What are the complications of Herpes Zoster ?

- Post-herepetic neuralgia
- Secondary bacterial infection and gangrene.
-Ocular complications.
- Encephalitis.
- Facial palsy.

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31. What are different between infected and infective Eczema ?

- **Infeated eczema** : It is a previously existed eczema superimposed by secondary bacterial infection.

- **Intective eczema** : It is eczema caused by bacterial infection and may lead to further infection by bacterial discharge.

32. Clinical verities of eczema ?

- Contact Dermatitis.
- Atopic Dermatitis.
- Infective Dermatitis.
- Seborrhoeic Dermatitis.
- Discoid Eczema.
- Pomphoylx Dermatitis.
- Gravitational Eczema.
- Pityriasis Alba.

33. Classification of Dermatitis ?

- Exogenous Dermatitis:	- Endogenous Dermatitis:
1- Contact Dermatitis.	1- Atopic Dermatitis.
2- Nabkin Dermatitis.	2- Seborrhoeic Dermatitis.
3- Infective Dermatitis.	3- Discoid Eczema (Nummular Eczema).
4- Photosensitive Dermatitis.	4- Pompholyx (Dyshidrotic Eczema).
	5- Gravitational Eczema (Venous or Stasis Eczema).
	6- Pityriasis Alba

34. Differences between Napkin Dermatitis & Napkin Candidiasis ?

- **Napkin dermatitis** : free skin fold , Thigh is affected.

- **Napkin candidiasis** : Involved skin fold

35. What are the types of psoriasis ?

- Psoriasis Vulgaris
- Guttate Psoriasis
- Discoid (nummular) Psoriasis
- Annular Psoriasis
- Psoriasis of scalp
- Psoriasis of the nails
- Flexural Psoriasis
- Pustular Psoriasis
- Erythrodermic Psoriasis
- Arthropathic Psoriasis.

36. Differential diagnosis of psoriasis in sole ?

- Psoriasis → well defined.
- Tenia & contact dermatitis → ill defined.
- Erythema insole

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37. Treatment of Psoriasis ?

A- Topical therapy :

- Corticosteroids are the most frequent therapy.
- Tars. Crude coal tar 2 - 5 %.
- Salicylic acid 3 - 5 %.
- Vitamin D3 analogue (Calcipotriol).

B- Systemic therapy :

- Methotrexate.
- Retinoids.
- Cyclosporine A.
- Biological therapy.

C- Phototherapy :

- UVB.
- PUVA.

38. Differential diagnosis of leishmania ?

- Pyogenic granuloma or hemangioma..
- Ecthyma.
- Furuncle.
- Carbuncle
- Lupus vulgaris.
- Cutaneous Tuberculosis.
- Squamous cell carcinoma.
- Basal cell carcinoma.

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39. Treatment of cutaneous Leishmaniasis ?

A- Prophylactic measures:

- Treatment patient in the endemic area.
- Control SandFlay .
- Avoiding the reservoir host (rodent and dogs).
- Improve environmental sanitary condition.

B- Local Measure:

- Excisions of single lesion.
- Cryotherapy with Carbon Dioxide snow liquid nitrogen.
- Intralesional injection of antimonial drugs.
- Topical antibiotic for secondary infection.

C- Systemic Treatment :

- Pentavalent antimonial drugs.
- Sodium Stibogloconate pentostam.
- Rifampicine Rifadin .
- metronidazole (flagyl)
- ketoconazole
- itraconazole

40. What are the clinical variation of Lichen planus ?

- Hypertrophic L.P
- Atrophic L.P
- Linear L.P
- Annular L.P
- Actinic L.P
- L.P of mucous membrane
- Follicular L.P
- L.P in nail
- Lichenoid drug eruption

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41. Clinical picture variation of Lichen planus ?

(L.P = 7P) :

- Pruritic.
- Papular.
- Polygonal.
- Pigmentation.
- Planer.
- Permanent nail loss.
- Plaques.

42. What are the complications of Acne ?

- Secondary infections
- Scaring
- Atrophic pits
- Hypertrphic Scare
- Keloid formation
- Hypo or Hyper pigmentation

43. What are the complications of Lichen Planus ?

- Become premalignant and cause squamous cell carcinoma.
- Nail dystrophy.
- Cicatricial alopecia.

44. What are the clinical variation of scabies ?

- Infantile Scabies.
- Scabies in the Clean.
- Animal Scabies (Canine Scabies).
- Nodular Scabies (Post-Scabietic Nodules).
- Scabies Incognito.
- Norwegian Scabies (Crusted Scabies).

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45. Treatment of Scabies and common sites ?

- Site : interdigital webs , side of fingers , wrist , medial side of the forearm , elbows , cubital fossae , axillary folds , under the breast and around the nipple (in female) , around the umbilicus , lower abdomen , genitalia , buttocks , popliteal fossae , medial aspect of thigh and legs and around the ankle.

Face and Scalp are Generally Not affected.

The inter Scapular region is Usually Free.

- Treatment of Scabies :

1- General Measure

- All members treated

- Clothing boiled or ironed-10 days.

2- General Treatment

- oral antihistamines : for itching.

- Antibiotics : For secondary infections.

3- Specific Treatment :

A- Topical applications usually given at Night as

- Sulfur ointment 3 - 10 %

- Permethrin 2.5 - 5 %

- Benzyl benzoate 25 %

- Gamma benzene hexachloride 1 %

- Crotamiton 10 %

B- Systemic Therapy as

- Ivermectin : a single oral dose of 200 mic g / kg.

- Intralesional injection of steroids for Nodular scabies.

46. Nodular Scabies definition & treatment ?

Definition : itchy, indurated reddish brown nodules & usually seen on scrotum or penis and persist weeks or months after successful treatment leading to persistence itching.

Treatment : Intralesional injection of steroids.

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47. What are the complications of Scabies ?

- Secondary bacterial infection.

- Eczematous changes.

- Acarophobia.

48. Differential diagnosis of Scabies ?

- Popular urticaria

- Eczema

- prurigo

49. Classification of Urticaria and its clinical varieties ?

classification of urticaria :

- Acute lasting for less than 6 weeks.

- chronic more than 6 weks.

Clinical varieties :

- Papular Urticaria: as (reaction to insect bites)

- Physical urticaria: E.g (dermographism , cholinergic urticaria , cold urticaria).

- Angioedema (angioneurotic edema)

50. What is the most difficult urticaria to doctor & to patient ?

Idiopathic Chronic Urticaria. ……

51. Stages of Atopic Dermatitis ?

- Infantile phase (2 mounth - 2 years) (acute stage) : the lesions frequently start on the face but may occur anywhere. The lesions consist of erythema and edematous Papules. The Papules are intensily itchy and may become exudative and crusted .

- Childhood phase (2 years - 12 years) (subacute stage) : the site most commonly involved are the elbow and ankle flexures and side of the neck and wristand ankles. The erythematous and edematous Papules tend to be replaced by lichenification true eczematous lesions with vesiculation may occur. Itching also intense .

- Adult phase (12 years and more) (chronic stage) : the picture is similar to that in later childhood , with lichenification, especially the flexures and hands.

52. What is Pityriasis versicolor, Rosea and Alba ?

- **Pityriasis Versicolor** : fungal disease caused by yeast (malassezia furfar).
- **Rosea** : is one of erythemato-sequamous disease which is self-limiting affecting adult and young , it is unknown cause.
- **Alba** : Allergic disease and a type of non-specific dermatitis of unknown origin characterized by hypo-pigmented area in face.

53. Differential diagnosis of Pityriasis Rosea ?

- Sebarrhoeic dermatitis
- Psoriasis
- Pityriasis Versicolor
- Secondary Syphilis.
- Tinea Circinata
- Drug eruption.

54. Differential diagnosis of Pityriasis Alba ?

- Pityriasis veriscolor
- Vitiligo

55. Types of Alopecia ?

A- Cicatricial alopecia

It results from destruction of hair follicles by scar tissue formed in the scalp. Cicatricial alopecia is a permanent condition and regrowth of hairs is not expected.

1. Congenital. A scarred area is present at birth due to a developmental defect.

2. Acquired

- Trauma (Mechanical, Thermal , Physical.
- Infection (Pyogenic, Fungal,
- Collagen diseases (DLE)
- Diseases of unknown etiology Pseudopelade.

B- Non-Cicatricial alopecia

1. Congenital

- Congenital atrichia. Due to failure of development of hair follicles.
- Congenital hypotrichia. The hair follicles are poorly developed.

2. Acquired

- Circumscribed

- Alopecia areata.
- Infections e.g. tinea capitis, secondary syphilis (moth eaten alopecia).
- Traumatic (trichotillomania).

- Diffuse

- Telogen effluvium (stress induced).
- Androgenetic alopecia.
- Drugs (thyroid antagonists, anticoagulants, arsenic, thallium salts).
- Nutritional and metabolic disorders (deficiency of iron, zinc or protein).
- Severe chronic illness (malignancy, liver disease, kidney disease).

56. What are different between Hypertrichosis and Hirsutism ?

- **Hirustism** : Excessive male patterns hair growth.

- **Hypertrichosis** : Excessive hair growth of non androgenic pattern.

57. What is the cause of Erythenia in axilla ?

- Intertrigo

58. Differential diagnosis of axilla infection ?

- intertrigo seborrhoeic dermatitis

- erysipelas

59. What is Paronychia ?

It is inflammation of the nail folds , occurs in:

- Bacterial and Candidial infection.

- Eczema.

- Psoriasis.

- Systemic lupus erythematosus.

60. Differences between Psoriasis of Nail and onychomycosis ?

- **Psoriasis of Nail**: pitting , loss of translucency, discoloration, subungual hyperkeratosis and (onycholysis " separation of nail-plate from the nail bed ") giving rise to oil-drop sign. Thickened friable nail plate.

- **Onychomycosis** : The nail- plate become thickened, discoloration, and cracked withe accumulation of subungual hyperkeratosis and massive destruction of the nail-plate (onycholysis "separation of nail from its base").

61. Differential diagnosis of Nail pitting?

- Psoriasis of Nail.

- Alopecia areata.

- Eczema.

- Trauma

62. Differential diagnosis of Depigmentation around lip ?

- Vitiligo
- Post inflammatory lesion.
- Recurrent herpes simplex.

63. What are the causes of angular stomatitis ?

- Vitamin B deficiency.
- Candidiasis.
- .....
- Atypical ..... Dermatitis.
- Contact Dermatitis.
- Iron deficiency

64. What are Elidar and it's uses ?

- **Elidar** : By microlemus .

.....

- **It's uses :**

Vitiligo (face and neck).

Psoriasis (face and neck).

Atopic dermatitis

.....

65. Treatment of leprosy ?

The first- line antileprosy drugs are rifampicin (bactericidal) dapsone (weak bactericidal) and clofazimine (weak bactericidal and anti–inflammatory). The following is the recommended WHO multidrug therapy regimen.

- Paucibacillary leprosy

- Rifampicin, 600 mg monthly supervised.
- Dapsone, 100 mg daily self-administered.
- Duration of treatment: at least 6 months.

- Multibacillary leprosy

- Rifampicin, 600 mg monthly supervised.
- Dapsone, 100 mg daily self-administered.
- Clofazimine (Lamprene), 300 mg monthly supervised + 50 mg daily self-administered.
- Duration of treatment: at least 2 years.

- Treatment of reactions

- The antileprosy drugs should be continued without interruption.
- Rest, analgesics and anti-inflammatory drugs.
- Clofazimine in large doses (300 mg / day).
- Corticosteroids, used in moderate and severe cases.
- Thalidomide has a dramatic effect in controlling ENL but is teratogenic .

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66. Treatment of Acne vulgaris ?

A- Topical

- Topical antibiotics e.g. erythromycin, clindamycin.

- Benzoyl peroxide 5%, 2.5%. -Retinoic acid(teritonoin) RetinA (0.025-0.05%) -Azaleic acid (20%). - Adapalen, intralesion st for cystic lesions.

B- Systemic

1. Antibiotics. They are the most important and should be administered for long periods at least 6 months. The mode of action of the antibiotics is not to reduce the number of bacteria, but they affect their function. The commonly used antibiotics are :

• Tetracycline. It is the safest and cheapest and used as 250 to 500 mg one to four times daily (on empty stomach) initially with gradual reduction of the dose, depending on clinical response.

• Erythromycin. For those who cannot take tetracycline or in pregnant women.

• Others e.g. clindamycin, cotrimoxazole.

2. Antiandrogens. Antiandrogens (cyproterone acetate) are used only in adult females.

3. Systemic retinoids (isotretinoin). Used only in severe cases,

4. Systemic steroids. Used only in severe cases.

C- Treatment of post-acne scars

• Chemical peeling.

- Dermabrasion.

- Laser skin resurfacing.

67. What is ROM ?

Rifampicine , Oflaxacin , Minocyeline . Use only in single lesion of leprosy as single dose.

68. What are the causative agents of the following ?

- Condylomata lata : Treponema Pallidum.

- Chickenpox : Varicella Zoster Virus.

- Erythrasma : Corynobacterium Minetessum .

- Erysplas : Pyogenic Streptococcal infection.

- Chancroid : Haemophilus Dycreyi .

69. Definition of Erectile dysfunction and investigation ?

- Definition of ED : persistent inability to obtain and / or to maintain an erection sufficient for satisfactory sexual intercourse.

- Investigations of ED :

1- Laboratory mandatory tests

Blood Sugar
Serum Pestosterone
Serum Prolactin
Lipids profile

2- Rigi-Scan

3- Penile vascular studies :

ICI
Pharmacopenile Douplex Ultrasonography (Testing Arteriogenic ED)
Cavernosometry and Cavernosonography (Testing Venogenic ED)

4- Neurological evaluation :

Genital reflexes
Biothesiometry

70. Differences between organic and psychogenic erectile dysfunction ?

1- Organic ED :

- Onset : Gradual
- Circumstances : Global
- Course : Constant
- Morning erection : Poor
-Psychological problems : Secondary to ED
-Anxiety : Secondary to ED
-Risk factors : Maybe present
-Investigations and duplex : +ve findings

2- Psychogenic ED :

- Onset : Acute
- Circumstances : Situational
- Course : Variable
- Morning erection : Rigid
-Psychological problems : Long history
-Anxiety : Primary
-Risk factors : Not present
-Investigations and duplex : Normal

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71. Definition of priapism ?

It is prolonged painful penile erection not sexual last mor than 4 hours and fail to subside even after orgasm .

72. Definition of Premature Ejaculation ?

Inability of male to control ejaculation , ejaculation occurs before or during or soon after penile intermission to vagina .

73. What are the causes of infertility ?

A- Functional causes:

- Chromosomal anomalies . E.g Klinefilter syndrome (47 XXY)
- Sertoli cell only syridrome
- Un descended testis .
- Hypogonadism and hyperprolactinemia
- Post-pubertal mumps or leprosy orchitis.
- Chemicals . E.g cancer chemotherapeutics
- Irradiation
- Varicocele.
- Excessive heat exposure.
- Idiopathic.

B- Obstructive causes :

- Congenital bilateral absent vas.
- Post Inflamatory (bilharziasis , T.B , and gonorrhoea.
- Surgical trauma with vasectomy E.g herniorrhaphy.

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74. How to assess the case of male infertility ?

- Details History taking (sexual history)

- General Examination:

Male secondary sexual characters (hair distribution, voice, muscle development, fat distribution, height : span ratio) , Gynecomastia

- Local Examination:

(Penis - Testis - Epididymis - Vas deferens - Spermatic cord - PR examination for prostate)

- Investigations :

1- Semen analysis.

2- Urine and Prostatic discharge analysis.

3- Hormonal Profile (FSH , LH , T , PRL , other e.g. TSH).

4- Imaging

- Scrotal US

- Scrotal Duplex

- TRUS (Trans Rectal Ultrasound)

5- Testicular biopsy

6- Other specific investigations e.g. (Antisperm antibodies , Electron microscopy , Sperm function tests , ...).

7- Chromosomal study (Karyotyping) , Genetic study .

75. What Means the following ?

- VDRL : Venereal Diseases Research Laboratory (test).

- ICSI : Intracytoplasmic Sperm Injunction.

- ICI : Intracavernosal Injunction.

- PUVA : Psoralen Ultraviolet Light.

76. What are mean of the following ?

1- Teratospermia: abnormal forms of sperms > 25 % of total

2- Azoospermia : It is total absence of sperm in semen.

3- Asthenospermia : Low motility < 60 % of sperm show forward progressive motility.

4- Oligozoospermia : Decrease in sperm count < 10 - 20 million / ml.

77. What mean TRUS ?

- TRUS : Trans Rectal Ultrasound.

78. What is the meaning Aspermia ?

Aspermia is the absence of semen.

79. Teatment of priapism ?

- Irrigation - Aspiration
- ICI and evidrien .....
- Surgical shunt .

80. What is the difference between Gonococcal and Non-Gonococcal Urethritis ?

Gonococcal :	Non-Gonococcal:
- caused by (goncoccal nisseria)	- caused by Chalmydia Mycoplasma Trichomonas vaginalis
- short incupation period.	- long incupation period.
- acute in onset and symptoms	- less acute in onset and symptoms
- perfused discharge	- scanty discharge
- ttt : ceftriaxone	- ttt : according to cause

81. Diagnosis of Gonorrhea ?

- Gram stain : Shaw G -ve kidney shape diplococci .
- Culture.
- Serological test.

82. What are the indication of culture for Gonorrhoea ?

- Female cases.
- Asymptomatic male cases.

Extra-genital and disseminated gonococcal infections.

83. What is the treatment of gonorrhea ?

A- General measures:

- Simultaneous treatment and follow up of the partner.

- The patient should avoid sexual activity during the treatment.

- The patient should avoid self-examination and milking of the urethra.

B- Antibiotic treatment:

1- Single dose of one of the followings :

- Ceftriaxone 125 - 250 mg 1M.

- Cefixime 400 mg orally.

- Ciprofloxacin 500 mg orally

- Ofloxacin 400 mg orally.

Spectinomycin 2 gm 1M.

2- In Infections proved not to have penicillin- resistant gonococci, penicillin can be used as amoxicillin 3 gm. orally +1 gm. prabenicid (to delay the excretion of amoxicillin).

3- It is to add a drug effective against possible co-infection with chlamydia trachomatis , such as doxycycline 100 mg Orally twice daily for 7 days. Or Azithromycin 1 g single dose - in female double dose.

84. What are viral sexual transmitteddiseases ?

- human immunodeficiency Virus HIV (AIDs)
- Herpes simplex virus HSV (Herpes genitals)
- Human papilloma virus genital warts (Condylomata acuminata)
- Pox virus (molluscuImn Contagiosum)

85. what are ulcer transmitted Sexually ?

None sexually

- FDE
- Scabies
- Traumatic

Sexually

- Chancer
- Chancroid
- Herpes genital
- Inguinal granuloma
- Lymphogranuloma venerum.

86. Clinical diagnosis of sex ulcer ?

- Dark field.

87. Classification of syphilis ?

A- Congenital Syphilis

- Early within 2-year after delivery.
- Late after 2-year after delivery.
- Stigmata.

B- Acquired Syphilis :

Early stage : < 2 years (infectious stage) :

- Primary (Chancre)
- Secondary syphilis
- Early letent

Late stage : > 2years (non infectious) :

- Late benign tertiary (Gumma)
- Late malignant tertiary (CVS N.S)
- Late letent

88. Where is the infectious stage in aquired syphilis ?

- Early stage of the syphilis.

89. Diagnosis of syphilis ?

A- Dark field microscope

- Smear From : Chancre lymph Nade.
- Rash , Inn, Condo lata,

B- Serological Tests :

1- Non specific:

- VDRL
- Waserman reaction.

2- Specific :

- TP
- TPHA
- FTA

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